

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049096

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 3571

FILED JAN 10 1963

1. PLACE OF DEATH

a. COUNTY - St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Richmond HeightsLength of stay in 1b
One Hourc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Marys HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Missouri COUNTY St. Louis admission)

c. CITY
OR
TOWN St. AnnInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 10300 BreckenridgeReside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
James F. Rabbitt4. DATE
OF
DEATH 12/7/19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
4/21/19109. AGE (last birthday)
52IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Painter10b. KIND OF BUSINESS OR INDUSTRY
Painter11. BIRTHPLACE (City and state or country)
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

John Rabbitt

13b. MOTHER'S MAIDEN NAME

Anna ~~####~~ O'Leary

14. NAME OF HUSBAND OR WIFE

Dorothy Rabbitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes W.W. 2

16. SOCIAL SECURITY NO.

17. INFORMANT
Dorothy E. Rabbitt 10300 Breckenridge18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Pancreas

INTERVAL BETWEEN
ONSET AND DEATH
1 YearConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.
DUE TO (b)
DUE TO (c)PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1956 to 12/7/62 and last saw her alive on 12/7/62
Death occurred at 8:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or Title)

Edward D. Amella

22b. ADDRESS

3720 Washington St

22c. DATE SIGNED

12/8/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)23b. DATE
12/10/196223c. NAME OF CEMETERY OR CREMATORY
Calvary Cemetery23d. LOCATION (City, town, or county)
St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Collier Mortuary, St. Ann, Mo.

25. DATE RECD. BY LOCAL REG.

12-8-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Sheldon Collier

Licensed Embalmer No. _____

3382

P. O. Address _____

St. Ann mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.